

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/830785**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13		12		1		
14		12		1		
15		12		1		
16		12		1		
17		12		1		
18		12		1		
19		12		1		
20		12		1		
21		12		1		
22		12		1		
23	1					
24	1					
25		2		1		
26		2		1		
27		2		1		
28		2		1		
29		2		1		
30		2		1		
31		2		1		
32		2		1		
33		2		1		
34		2		1		
35	1					
36	1					
37		2		1		
38		2		1		
39		2		1		
40		2		1		
41		2		1		
42		2		1		
43		2		1		
44		2		1		
45		2		1		
46		2		1		
47	1					
48	1					
49	1					
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	/					
54	/					
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65	1					
66	1					
67	1					
68	1					
69	1					
70	1					
71	1					
72		7		1		
73		7		1		
74		7		1		
75		7		1		
76		7		1		
77		7		1		
78		7		1		
79		7		1		
80		7		1		
81		7		1		
82	1					
83	1					
84		2		1		
85		2		1		
86	1					
87	1					
88		2		1		
89		2		1		
90	1					
91	1					
92	1					
93	1					
94	1					
95	1					
96	1					
97	1					
98	1					
99						
100						
TOTAL IND.		↓	44	↓		↓
TOTAL DEP.			54			
TOTAL CLAIMS			98			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS